

REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE

(Summary Page)

1. NAME OF COMMITTEE (in full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES		RECEIVED FEDERAL ELECTION COMMISSION
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 320 FIRST STREET, S.E.	2. FEC IDENTIFICATION NUM C 00075820	
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20003	3. <input checked="" type="checkbox"/> This committee qualifies as a multicandidate committee. (See FEC FORM 1M)	

4. TYPE OF REPORT

(a)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only)	Monthly Report Due On: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Feb 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> Aug 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input checked="" type="checkbox"/> May 20</td> <td><input type="checkbox"/> Sept 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ (Type Of Election) election on _____ in the state of _____	<input type="checkbox"/> Feb 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> Aug 20	<input type="checkbox"/> December 20	<input checked="" type="checkbox"/> May 20	<input type="checkbox"/> Sept 20	<input type="checkbox"/> January 31
<input type="checkbox"/> Feb 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
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<input checked="" type="checkbox"/> May 20	<input type="checkbox"/> Sept 20	<input type="checkbox"/> January 31											

☐ Termination Report
 ☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ Yes ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 Covering Period <u>4-1-98</u> through <u>4-30-98</u>		
6 (a) Cash on Hand January 1, 1998		\$318,547.52
(b) Cash on Hand at Beginning of Reporting Period..	\$468,801.13	
(c) Total Receipts (from Line 19).....	\$2,837,476.48	\$11,160,524.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$3,306,277.59	\$11,478,071.52
7 Total Disbursements (from Line 3D).....	\$3,142,498.71	\$11,315,292.64
8 Cash on Hand at Close of Reporting Period (line 7 fm Line 6(c))	\$163,778.88	\$163,778.88
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$343,821.84	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DONNA M. ANDERSON

Signature of Treasurer

Donna M. Anderson

For further information contact
 Federal Election Commission
 999 E Street, NW
 Washington, D.C. 20463
 Toll Free 800-424-9530
 Local 202-219-3420

Date

7/20/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec

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FEC FORM 3X
 (revised 9/93)